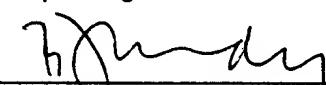


FORM PTO-1390 (REV 11-98)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTORNEY'S DOCKET NUMBER 550-184
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) 09/701014 UNKNOWN	
INTERNATIONAL APPLICATION NO. PCT/GB99/01607	INTERNATIONAL FILING DATE 21 May 1999	PRIORITY DATE CLAIMED 22 May 1998 17 July 1998	
TITLE OF INVENTION RETROVIRAL DELIVERY SYSTEM			
APPLICANT(S) FOR DO/EO/US MITRAPHANOUS et al			
<p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1)). 4. <input checked="" type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. 5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)). <ul style="list-style-type: none"> a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)). <ul style="list-style-type: none"> a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). <p>Items 11. To 16. Below concern document(s) or information included:</p> <ol style="list-style-type: none"> 11. <input type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98. 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A FIRST preliminary amendment. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 14. <input type="checkbox"/> A substitute specification. 15. <input type="checkbox"/> A change of power of attorney and/or address letter. 16. <input checked="" type="checkbox"/> Other items or information. PTO-1449 and copy of International Search Report <input type="checkbox"/> This application is entitled to "Small entity" status. <input checked="" type="checkbox"/> "Small entity" statement attached. 			

U.S. APPLICATION NO. (Unknown, see 37 C.F.R. 1.5) Unknown	INTERNATIONAL APPLICATION NO. PCT/GB99/01607	ATTORNEY'S DOCKET NUMBER 550-184																									
17. <input checked="" type="checkbox"/> The following fees are submitted:		CALCULATIONS PTO USE ONLY																									
BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5): <ul style="list-style-type: none"> -- Neither international preliminary examination fee (37 C.F.R. 1.482) nor international search fee (37 C.F.R. 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO \$1000.00 -- International preliminary examination fee (37 C.F.R. 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$860.00 -- International preliminary examination fee (37 C.F.R. 1.482) not paid to USPTO but international search fee (37 C.F.R. 1.445(a)(2) paid to USPTO \$710.00 -- International preliminary examination fee paid to USPTO (37 C.F.R. 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4) \$690.00 -- International preliminary examination fee paid to USPTO (37 C.F.R. 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4) \$100.00 																											
ENTER APPROPRIATE BASIC FEE AMOUNT =		\$ 860.00																									
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).		\$ 0.00																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th colspan="2">RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>20</td> <td>-20 =</td> <td>0</td> <td>X \$18.00</td> </tr> <tr> <td>Independent Claims</td> <td>6</td> <td>-3 =</td> <td>3</td> <td>X \$80.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIMS(S) (if applicable)</td> <td colspan="2">\$270.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> </tr> </tbody> </table>		CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		Total Claims	20	-20 =	0	X \$18.00	Independent Claims	6	-3 =	3	X \$80.00	MULTIPLE DEPENDENT CLAIMS(S) (if applicable)			\$270.00		TOTAL OF ABOVE CALCULATIONS =					\$ 1100.00
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE																								
Total Claims	20	-20 =	0	X \$18.00																							
Independent Claims	6	-3 =	3	X \$80.00																							
MULTIPLE DEPENDENT CLAIMS(S) (if applicable)			\$270.00																								
TOTAL OF ABOVE CALCULATIONS =																											
Reduction by 1/2 for filing by small entity, if applicable. Small entity status must also be asserted. (Note 37 C.F.R. 1.9, 1.27, 1.28).		550.00																									
SUBTOTAL =		\$ 550.00																									
Processing fee of \$130.00, for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).		+ 0.00																									
TOTAL NATIONAL FEE =		\$ 550.00																									
Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 per property		+ \$ 40.00																									
Fee for Petition to Revive Unintentionally Abandoned Application (\$1240.00 - Small Entity = \$620.00)		\$ 0.00																									
TOTAL FEES ENCLOSED =		\$ 590.00																									
		Amount to be: refunded \$																									
		Charged \$																									
a. <input checked="" type="checkbox"/> A check in the amount of \$590.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. 14-1140 in the amount of \$_____ to cover the above fees. A duplicate copy of this form is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>14-1140</u> . A <u>duplicate</u> copy of this form is enclosed. d. <input type="checkbox"/> The entire content of the foreign application(s), referred to in this application is/are hereby incorporated by reference in this application.																											
NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b)) must be filed and granted to restore the application to pending status.																											
SEND ALL CORRESPONDENCE TO:		 SIGNATURE																									
NIXON & VANDERHYE P.C. 1100 North Glebe Road, 8 th Floor Arlington, Virginia 22201 Telephone: (703) 816-4000		B. J. Sadoff NAME																									
		36,663 REGISTRATION NUMBER																									
		November 22, 2000 Date																									

Applicant or Patentee: MITRAPHANOUS et al Attorney's Dkt. No. 550-184

Serial or Patent No.:

Filed or Issued:

For: RETROVIRAL DELIVERY SYSTEM

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS [37 19(f) and 1.27(c)] - SMALL BUSINESS CONCERN**

I hereby declare that I am

the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Oxford Biomedica (UK) Limited

ADDRESS OF CONCERN Medawar Centre, Robert Robinson Avenue, The Oxford Science Park,
Oxford, OX4 4GA, United Kingdom

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled:

RETROVIRAL DELIVERY SYSTEM

by Inventors MITRAPHANOUS et al described in

the specification filed herewith.

application Serial No. _____, filed _____

patent No. _____, issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

Name _____

Address _____

Individual Small Business Concern Nonprofit Organization

Name _____

Address _____

Individual Small Business Concern Nonprofit Organization

I acknowledge the duty to file, in this application of patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING PETER J. NOLAN

TITLE OF PERSON OTHER THAN OWNER DIRECTOR OF OPERATIONS

ADDRESS OF PERSON SIGNING OXFORD BIOMEDICA, OXFORD OX4 4 GA

SIGNATURE P. Nolan

DATE 3-11-00